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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10631972 | <b>Applicant(s)/Patent Under Reexamination</b><br>HAMILTON ET AL. |
|   | <b>Examiner</b><br>MOHAMMAD Z SHAIKH       | <b>Art Unit</b><br>3696   |

| ORIGINAL           |                                   |  |          |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                      |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|--|----------|--|--|------------------------------|---|---|---|----------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   |  | SUBCLASS |  |  | CLAIMED                      |   |   |   |                      | NON-CLAIMED |  |  |  |  |  |  |  |
| 705                |                                   |  | 40       |  |  | G                            | 0 | 6 | Q | 40 / 00 (2006.01.01) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 705                | 39                                |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |  |          |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |

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|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1   | 1        |       | 17       |       |          |       |          |       |          |       |          |       |          |       |          |
| 2   | 2        | 13    | 18       |       |          |       |          |       |          |       |          |       |          |       |          |
| 3   | 3        | 14    | 19       |       |          |       |          |       |          |       |          |       |          |       |          |
| 4   | 4        | 15    | 20       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 5        | 16    | 21       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 6        |       | 22       |       |          |       |          |       |          |       |          |       |          |       |          |
| 5   | 7        | 17    | 23       |       |          |       |          |       |          |       |          |       |          |       |          |
| 6   | 8        |       | 24       |       |          |       |          |       |          |       |          |       |          |       |          |
| 7   | 9        | 19    | 25       |       |          |       |          |       |          |       |          |       |          |       |          |
| 8   | 10       |       | 26       |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 11       | 19    | 27       |       |          |       |          |       |          |       |          |       |          |       |          |
| 9   | 10       | 20    | 28       |       |          |       |          |       |          |       |          |       |          |       |          |
| 10  | 13       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 11  | 14       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
| 12  | 15       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|   | 16       |       |          |       |          |       |          |       |          |       |          |       |          |       |          |

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| /MOHAMMAD Z SHAIKH/<br>Examiner.Art Unit 3696<br><br>(Assistant Examiner) | 11/06/09<br><br>(Date)   | <b>Total Claims Allowed:</b><br><br>20 |                             |
| /Hani Kazimi/<br>Primary Examiner.Art Unit 3691<br><br>(Primary Examiner) | 11/09/2009<br><br>(Date) | O.G. Print Claim(s)<br><br>1           | O.G. Print Figure<br><br>11 |